

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: DETERMINATION OF AMBIENT CONCENTRATION OF
the specification of which [check one(s) applicable] SEVERAL ANALYTES

was filed _____ as U.S. Application No. _____
 and was amended by Amendment filed _____ (if applicable); [or];
 is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 USC §120: I hereby claim the benefit under 35 USC §120 of the prior United States application(s) listed below:

Prior U.S. Application(s)	Filing Date Day/Mo/Year	Status
07/984,264	1 December 1992	Allowed
07/460,878	2 February 1990	Abandoned

Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in Rule 56(a) [37 CFR §1.56(a)] which occurred between the filing date of the prior U.S. application and the national or PCT international filing date of this application.

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Henry H. Skillman, Reg. No. 17,352.

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: DANN, DORFMAN, HERRELL AND SKILLMAN/P.C.

1601 Market Street
Suite 720
Philadelphia, Pennsylvania 19103-2307

Telephone: (215) 563-4100

Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name Roger Ekins
First Middle Last

Signature Roger Ekins
Date 17 MAY 1995

Residence London Great Britain
CITY State or Country

Citizenship British
Post Office Address:
Department of Molecular Endocrinology, Middlesex Hospital
Medical School, Mortimer Street
London W1N 8AA, United Kingdom

City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name
First Middle Last

Signature
Date

Residence
City State or Country

Citizenship
Post Office Address:

City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name
First Middle Last

Signature
Date

Residence
City State or Country

Citizenship
Post Office Address:

City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name
First Middle Last

Signature
Date

Residence
City State or Country

Citizenship
Post Office Address:

City State or Country Zip Code